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SUBJECT Supplemental IDS (10/732,781)

Number of Pages 6

Date 4/5/2004

MESSAGE

This Fax transmission includes:

1. one copy of a Transmittal Form
2. one copy of a Fee Transmittal Form;
3. one copy of an IDS Transmittal Letter; and
4. one copy of an IDS Listing.

Volel

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PTO/SB/21 (01-03)

Approved for use through 04/30/2008. OMB 0651-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/732,781
	Filing Date	12/10/2003
	First Named Inventor	Brown
	Art Unit	2841
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	AUS920030341US1

ENCLOSURES (Check all that apply)

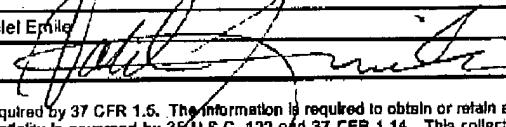
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Volel Emile
Signature	
Date	04/05/2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 04/05/2004

Typed or printed	Volel Emile		
Signature			Date 04/05/2004

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0D32

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT**

(\$0.00)

Complete if Known

Application Number	10/732,781
Filing Date	12/10/2003
First Named Inventor	Brown
Examiner Name	
Art Unit	2641
Attorney Docket No.	AUS920030341US1

METHOD OF PAYMENT (check all that apply)
 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number: 09-0447
 Deposit Account Name: IBM Corporation

The Director is authorized to: (check all that apply)

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FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051	130	2051 65 Surcharge - late filing fee or oath	
1052	50	2052 25 Surcharge - late provisional filing fee or cover sheet	
1053	130	1053 130 Non-English specification	
1812	2,520	1812 2,520 For filing a request for ex parte reexamination	
1804	920*	1804 920* Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805 1,840* Requesting publication of SIR after Examiner action	
1251	110	2251 55 Extension for reply within first month	
1252	420	2252 210 Extension for reply within second month	
1253	950	2253 475 Extension for reply within third month	
1254	1,480	2254 740 Extension for reply within fourth month	
1255	2,010	2255 1,005 Extension for reply within fifth month	
1401	330	2401 165 Notice of Appeal	
1402	330	2402 185 Filing a brief in support of an appeal	
1403	290	2403 145 Request for oral hearing	
1451	1,510	1451 1,510 Petition to institute a public use proceeding	
1452	110	2452 55 Petition to revive - unavoidable	
1453	1,330	2453 665 Petition to revive - unintentional	
1501	1,330	2501 885 Utility issue fee (or reissue)	
1502	480	2502 240 Design issue fee	
1603	840	2503 320 Plant issue fee	
1480	130	1460 130 Petitions to the Commissioner	
1507	50	1807 50 Processing fee under 37 CFR 1.17(a)	
1806	180	1806 180 Submission of Information Disclosure Stmt	0.00
8021	40	8021 40 Recording each patent assignment per property (times number of properties)	
1809	770	2609 385 Filing a submission after final rejection (37 CFR 1.129(a))	
1810	770	2610 385 For each additional invention to be examined (37 CFR 1.129(b))	
1801	770	2601 385 Request for Continued Examination (RCE)	
1802	900	1802 900 Request for expedited examination of a design application	

SUBTOTAL (1) (\$)

** or number previously paid, if greater. For Reissues, see above.

Extra Claims Fee from below Fee Paid

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	-20* =	X	=
Independent Claims	-3** =	X	=
Multiple Dependent			

Large Entity	Small Entity	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0.00)

(Complete if applicable)

Name (Print/Type)	Volei Emile	Registration No. (Attorney/Agent)	38,969	Telephone	512 306 7869	
Signature					Date	04/05/2004

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